

CLARK (H. G.)

Ovariectomy - Recovery xx

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OVARIOTOMY—RECOVERY.

[Case reported to the Boston Society for Medical Improvement, Jan. 11th, 1864, and communicated for the Boston Medical and Surgical Journal.]

BY HENRY G. CLARK, M.D., SURGEON TO MASS. GEN. HOSPITAL.

MRS. B., 59 years old; hitherto healthy; the mother of four children—two of them daughters and now living; had ceased to menstruate at the age of 50.

In February, 1863, she first noticed a slight fulness of the abdomen, with scanty urine and a red-colored discharge from the vagina. This discharge was repeated in March and April, recurring at regular monthly periods for six months thereafter, like normal menstruation. Dr. R. L. Hodgdon, of West Cambridge, who gives these particulars, was asked to see her in June last, when he found the urine scanty, the abdomen uniformly distended by ascites, and the legs œdematous. Examination of the os uteri by dilatation, &c., and interrogation of the functions of the heart, liver and kidneys, elicited no evidence of disease of either of these organs. Ovarian disease was supposed to exist, but its presence could not then be verified, in consequence of the great distension of the abdomen.

August 21st.—Tapping was resorted to, the ascites having steadily increased so as to embarrass the respiration, and several gallons of water withdrawn. An elastic tumor of the left ovary, of the size of the fist, was then discovered. Tincture of iodine was painted on the abdomen over the tumor, and the ordinary diuretics, which the patient had previously taken, were continued without effect, the ascites soon returning.

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October 1st.—Respiration much obstructed by the fulness; great oedema of both lower extremities, and of lower part of abdomen, with erythema of right leg. Patient confined to bed. Pumpkin-seed tea was now substituted for other diuretics, with marked increase in the quantity of the urine.

Oct. 15th.—Oedema had disappeared, and the ascites was diminished; abdomen softer.

Nov. 1st.—Urine again scanty, and the ascites increasing.

Dec. 17th.—Paracentesis, and about half the former quantity of water drawn off. Tumor now displays itself of a much larger size, and extending so far to the right side as to have obscured the diagnosis, if this had been now for the first time to be made; but clearly enough a movable, semi-solid, multilocular, cystic disease of the left ovary. The fluid discharged by tapping was decidedly not from either of the cysts, but from the abdominal cavity.

Dec. 30th.—After consultation with Dr. Hodges, and a full statement to her and her family of the chances and dangers of the operation, the patient decided she would have it done.

January 3d, 1864.—Drs. Hodgdon, Hodges and Putnam being present and assisting, the temperature of the room was raised to 80°, and the patient was etherized. Dr. Clark commenced the operation by making an incision from the umbilicus to the pubes. The peritoneum was found to be very much thickened from chronic inflammation, and its surface, both mural and intestinal, reddened and studded with minute granules. The accumulated ascitic fluid was carefully drained off, the tumor well examined by the hand, sweeping away some small adhesions on its front, and traced down to a very short, thick pedicle, in fact the broad ligament itself, which connected it immediately with the uterus. It consisted of three good-sized cysts, and of a large, solid base; the whole being too large to be removed *en masse*, it was materially reduced by bringing the cysts to the mouth of the incision, and then tapping them separately. One of them contained two pints of a dark coffee-colored fluid, one a pint and a half of a ropy straw-colored, and the third a somewhat larger quantity of a clear, wine-colored fluid. The tumor was then, with some little effort, turned out of the abdomen, and a long needle, armed with a stout double ligature, passed through the centre of the pedicle, close to the uterus, and securely tied both ways. The pedicle, over which, as a matter of precaution, a second ligature was cast,

was then divided a little wide of the point of ligation, and left projecting like a ruffle one or two inches outside of it. The other ovary, the uterus, and the other abdominal organs were examined as far as it was proper to do so, and no diseased condition, save that first mentioned, was observed. The lips of the wound, taking care to include also the peritoneum, were closed by sutures, the pedicle being brought out at the lowest point of the incision, and fastened there by carrying through it one of the stitches intended to close the parietal incision. A compress and bandage completed the dressing.

The loss of blood was trifling, no vessel having required a ligature, and the patient seemed to have suffered nothing by the operation. There was no vomiting, prostration, or marked disturbance of the pulse.

At 1, P.M., half an hour after the operation, she took two grains of opium, and at night 40 drops of McMunn's elixir, and for nourishment, a little milk punch occasionally as she wished.

Jan. 4th.—Had a good night; pulse 100.

Jan. 5th.—The same. McMunn's elixir, 40 drops, morning and evening.

6th, 9, A.M.—Pulse 110; 6, P.M., 120, with soreness in abdomen, and a circumscribed, hard swelling, 4 inches by 3, in the parietes of the abdomen, above the left ilium and over the region of the kidney. Urine scanty, with light sediment, but no signs of peritonitis. Ordered poultice and tincture of iodine to swelling. Opiates repeated.

7th.—Less soreness; pulse 120. Sutures removed.

8th.—Soreness and swelling diminishing; pulse 112. Opiates only at night.

9th.—An enema brought away a few scybalæ.

10th.—Pulse 100; no appetite, aphthous mouth, the white patches spreading from the back of the tongue and soft palate to the cheeks on each side. Discharge of thin, healthy pus around pedicle all the time abundant; the rest of the wound healed by first intention.

Jan. 12th.—A moderate dose of castor oil and lemon juice, followed by a lavement, produced several good dejections.

Jan. 16th.—Aphthæ leaving mouth; appetite for beef-tea, champagne and milk punch. Spontaneous dejection.

18th.—Ligatures came away. Pulse 80; urine abundant and clear; no return of ascites. The patient takes solid food with good

appetite, sleeps well, is in excellent spirits, and appears to be progressing every way in the most favorable manner.

Feb. 4th.—Wound healed. Patient walking about her room.

Examination of Tumor.—Weight two and a quarter pounds, making, with the estimated weight of fluid discharged from the cysts, about eight pounds in all. It consisted mainly of two or three large cysts, the inner surface of which was everywhere covered with an abundance of a whitish, opaque, soft substance that resembled considerably, though it was tougher, the fibrinous matter that is often found under an inflamed serous membrane. Mixed with this substance was a considerable quantity of thick, puriform fluid. On microscopic examination of this substance, Dr. Ellis found "numerous irregular granular cells, of various sizes, and without any marked characteristics. Many apparently broken, deformed and degenerating. Nothing decidedly cancerous." The tumor is preserved in the Museum of the Medical College.

The unfavorable circumstances of the patient's age and debility seem to have been counterbalanced by her remarkably equable and hopeful temperament; and the thickened condition of the peritoneum to have prepared it to tolerate the violences of the operation.

